

City Of Watertown

Department of Public Works

Curbside Pickup Dispensation Form

Please have your physician complete the following form and mail it to:

Department of Public Works
245 Washington Street
Watertown NY 13601

This is to certify that the following individual has condition(s) which inhibits his/her abilities to place materials curbside for pickup:

City Resident's Name:

City Resident's Address:

Brief Description
of Condition/ailment:

Doctor's Name:

Doctor's Address:

(doctor's signature)

(date)